

TRANSPORTATION REQUEST FORM

(PLEASE NOTE IT CAN TAKE UP TO TWO BUSINESS DAYS TO PROCESS THIS REPORT)

Please return this form to Kristi Schmitt at 1120 Metomen Street or via email at schmittk@ripon.k12.wi.us.

Bus service is provided for some students starting with Ripon's Early Childhood Program through Grade 12. All early childhood and 4K students are eligible, as are students in 5K through Grade 12 whose address is more than two miles from their school or in a predetermined hazardous walking route. The Ripon Area School District requires busing to be arranged to and from the student's primary residence. Additionally, transportation is provided to students who live near the District's city cluster sites, need transportation between the elementary schools, or attend licensed daycares anywhere within the District. Parents may request their child to be transported to or from an alternative address provided the alternative address meets any of the eligibility requirements above. Only one alternate address will be allowed in addition to the student's home address and use of the alternative address must follow a consistent schedule. To request use of an alternative address, parents must complete and submit the Alternative Address Waiver and Release form available on the District website.

NEW STUDENT **CHANGE**

STUDENT INFORMATION	
Student Name:	Date:
Grade (for 23-24):	School for (23-24):
Parent/Guardians Name(s):	Mother's Cell:
	Father's Cell:
Home Address:	Mother's Work:
	Father's Work:
Daycare Address (if applicable):	Daycare Phone:

BEFORE SCHOOL PICK UP	
<input type="checkbox"/> Requested from my Primary Residence (if possible)	Notes:
<input type="checkbox"/> Requested from my childcare provider (if unlicensed daycare, additional form must be included)	
<input type="checkbox"/> Barlow Park Elementary/Journey	
<input type="checkbox"/> Murray Park Elementary/Quest	
<input type="checkbox"/> Ceresco Park	
<input type="checkbox"/> Hall/Spaulding	
<input type="checkbox"/> No busing needed	For Office Use Only:
	Route Name: Pick up Time:
	Transfer Number: Transfer Site:

AFTER SCHOOL DROP OFF	
<input type="checkbox"/> Requested to my Primary Residence (if possible)	Notes:
<input type="checkbox"/> Requested to my childcare provider (if unlicensed daycare, additional form must be included)	
<input type="checkbox"/> Barlow Park Elementary/Journey	
<input type="checkbox"/> Murray Park Elementary/Quest	
<input type="checkbox"/> Ceresco Park	
<input type="checkbox"/> Hall/Spaulding	
<input type="checkbox"/> No busing needed	For Office Use Only:
	Route Name : Drop off Time:
	Transfer Number: Transfer Site:

Parent Signature _____

Date _____

* If a change in transportation location is needed, a new form must be submitted
 * Only students with a transportation form on file are allowed to ride a bus